

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



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Marti Carrillo

Appl No. : 09/768,674 Confirmation No. 3900
Applicant : Erlend Olson, et al.
Filed : January 24, 2001
Title : METHOD AND APPARATUS FOR EFFICIENT MIXED SIGNAL
PROCESSING IN A DIGITAL AMPLIFIER

TC/A.U. : 2819
Examiner : Patrick G. Wamsley

Docket No. : 41289/RJP/B600
Customer No. : 23363

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
January 20, 2004

Commissioner:

In response to the Office action of October 21, 2003,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

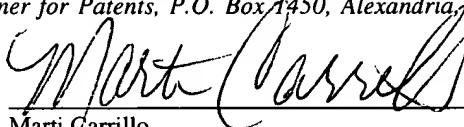
Image



2819
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Application No. : 09/768,674
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Grp./Div. : 3819
Examiner : Patrick G. Wamsley

Docket No. : 41289/RJP/B600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
January 20, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | | | | | | |
|---|---|-------------------------------|---------------------------|----------------------|----------------------|-----|--|--|--|--|--|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE | | | | | |
| Total Claims Fee | 7 | *20 | - | - x \$9.00 | - x \$18.00 | - | | | | | |
| Independent Claims | 2 | ** 3 | - | - x \$43.00 | - x \$86.00 | - | | | | | |
| Multiple Dependent Claims *** | | | | \$145.00 | \$290.00 | - | | | | | |
| TOTAL FILING FEE | | | | | | - | | | | | |
| NO ADDITIONAL FEE REQUIRED **** | IF NO FEE REQUIRED, INSERT "0" | | | | | 0 | | | | | |
| LIST INDEPENDENT CLAIMS: 1, 7 | | | | | | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS" | | | | | | | | | | | |

Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.

Amendment Transmittal Letter
Application No. 09/768,674

X Other enclosures: Request for Acknowledgment of Information Disclosure Statement and PTO/SB/08A/B

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By *Colin Dorrian*
Colin Dorrian
Reg. No. P-54,658
626/795-9900

CTD/mac

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